

2011 Military Health System Conference

VA and DoD Operating as One
Captain James A. Lovell Federal Health Care Center
The Quadruple Aim: Working Together, Achieving Success

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January 25, 2011





OBJECTIVES

- **Overview of Captain James A. Lovell Federal Health Care Center (FHCC)**
- **Challenges to success in combining processes, systems and people**
- **Lessons learned**
- **Questions**

FHCC MISSION & VISION



Mission

As the first integrated health-care federal facility, we are proud to provide comprehensive, compassionate, patient centered care to our veterans and DoD beneficiaries while maintaining the highest level of operational readiness.

Vision

Creating the future of federal healthcare through excellence in world-class patient care, customer service, education and research.

Values

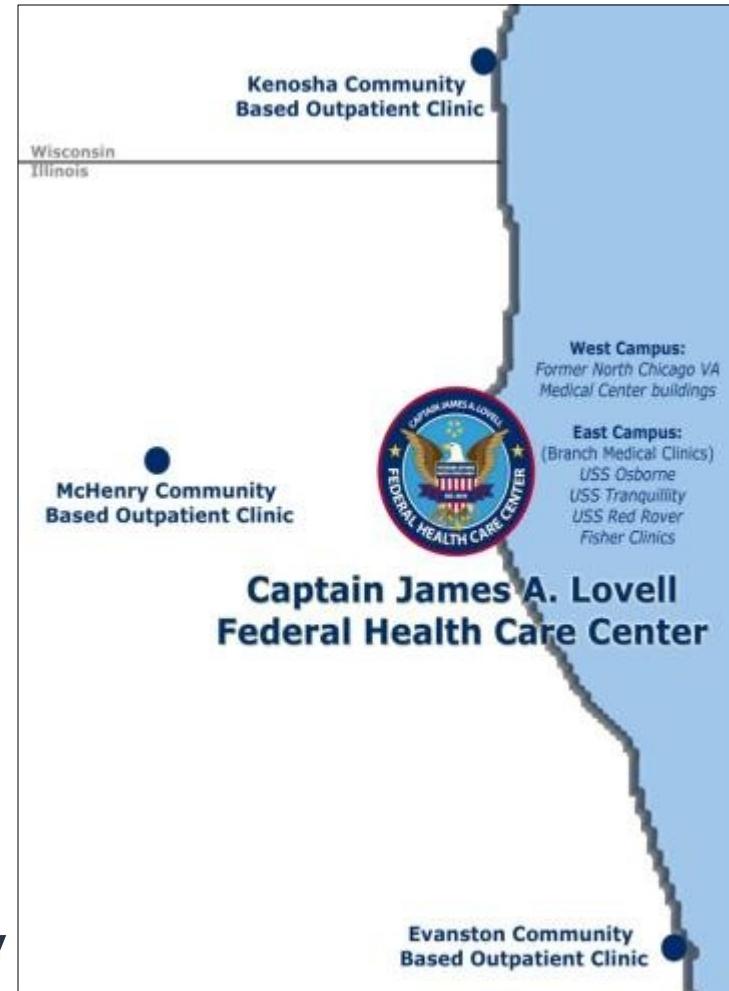
Respect; Integrity; Trust; Accountability;
Teamwork/Camaraderie



CAPTAIN JAMES A. LOVELL

FHCC

- **First-of-its kind integration** between VA and DoD. FHCC **includes**:
 - **West Campus**: Former North Chicago VA Medical Center buildings, including the new MILCON funded ambulatory addition
 - **East Campus**: USS Osborne, USS Tranquillity, USS Red Rover and Fisher Branch Medical Clinics
 - **Clinics**: Kenosha, McHenry and Evanston Community Based Outpatient Clinics



The FHCC is the “integration” of:

- * The present NCVAMC (West Campus)
- * The newly constructed Ambulatory Care Center (West Campus), replacing 12 story former Naval Hospital (200H)
- * The Navy Fleet Medicine Clinics (East Campus)
- * VA Community Based Outpatient Clinics

**Captain James A. Lovell
Federal Health Care Center
2010**

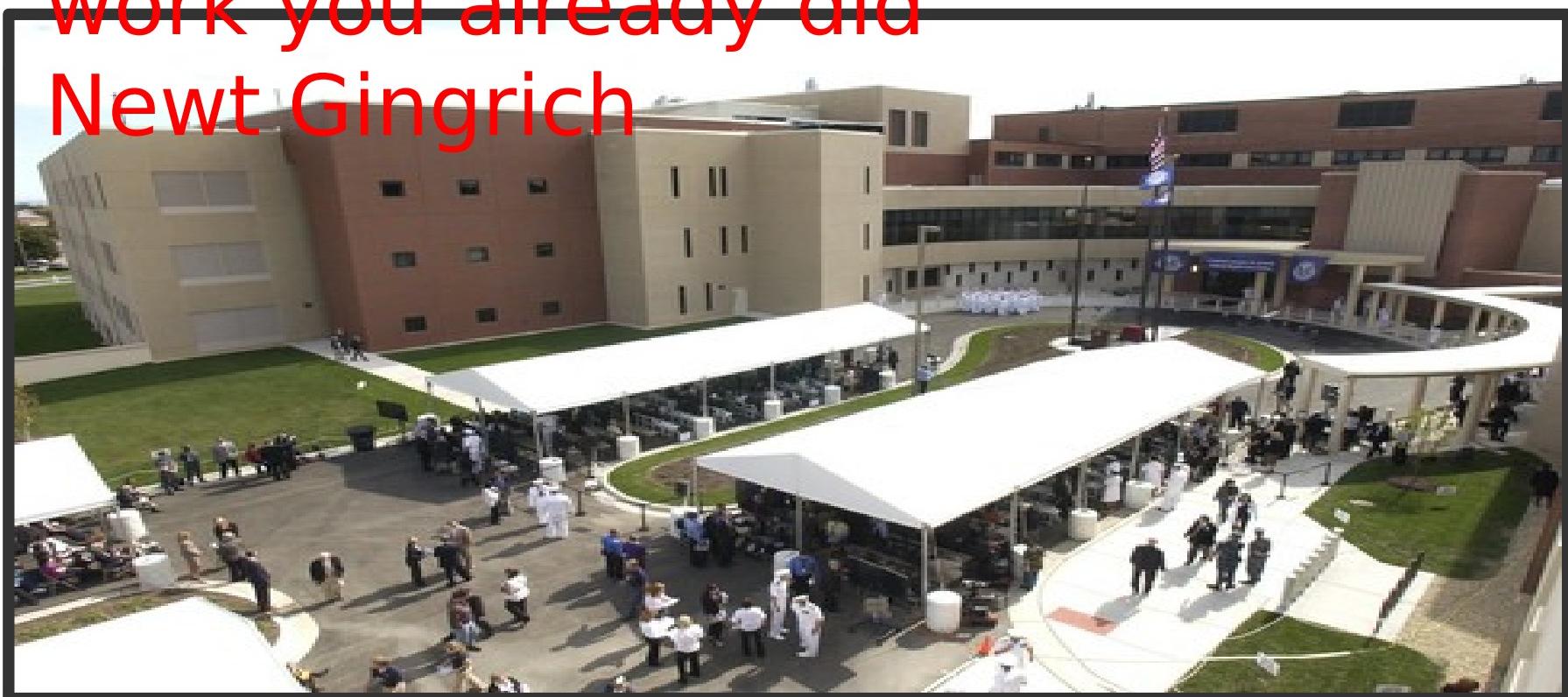




FHCC WASN'T BUILT IN A DAY

“Perseverance is the hard work you do after you get tired of doing the hard work you already did”

Newt Gingrich





Phase I

Phase II

Phase III

Sharing Relationship **October 2003**

- Inpatient Mental Health transferred
- Reimbursement methodology:
 - As TRICARE Network Provider Status
- Local VA/DoD Working group chartered
- Multi-disciplinary

December 2004

- DoD Blood Donor Processing Center transferred
- Reimbursement methodology:
 - Navy leases VA laboratory space
 - VA purchases blood products

FY04 - Women's Health & Mammography

FY05 – MRI, Oncology & Fiber Optic Connectivity

Network Relationship **January 2005**

- \$13M NCVAMC Project
- Construction of 4 new OR's
 - Renovated 4 existing OR's
 - Expansion of existing Emergency Department

June 2006

- Transfer of inpatient med/surg/pediatric
 - Prof. svcs. by Navy MD's for Surgery and Peds
- Transfer of operating room
- Transfer of ICU
- Transfer of ER service

FY06 – Hospitalist & Digital Radiography (PACS)

FY07 – Project Management Support

Federal Health Care Center **FY2007**

Navy construction project began 2 JUL 2007:

- Surface parking (staff) completed DEC 2007

FY2008

- Parking Garage completed SEP 2008
- Renovated 45,000 square foot of existing NCVAMC spaces - completed SEP 2009.
- Begin 201,000 square foot ambulatory care center

Fall 2010

- Construction completed in SEPT 2010

FY08 – Enterprise IM/IT Requirements

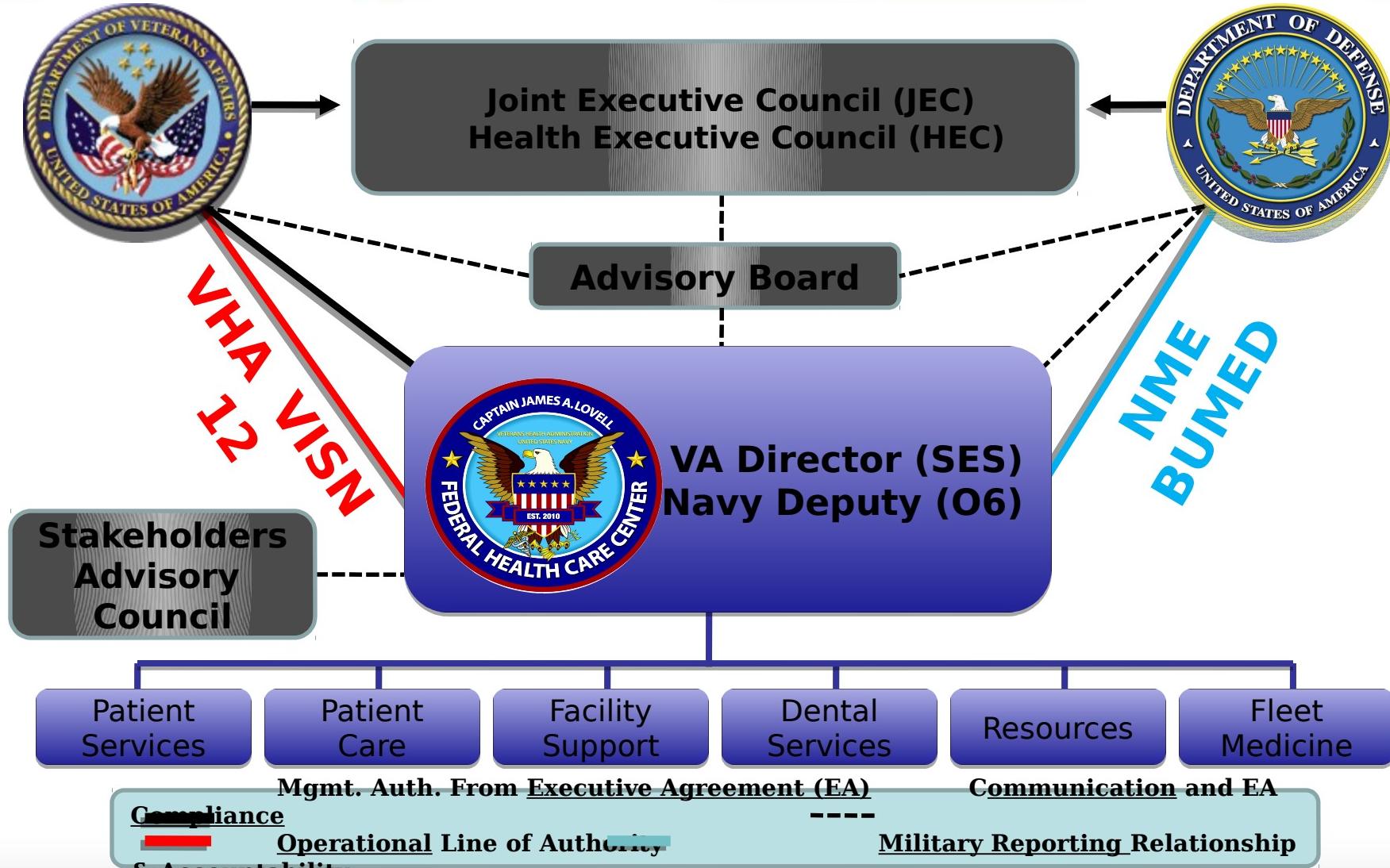
FY09/10 – Enterprise IM/IT Development

Captain James A. Lovell Federal Health Care Center



2011 MHS Conference

FHCC Reporting Structure





MHS QUADRUPLE AIM

- **READINESS:** Operational Readiness, Training Opportunities for Corpsman and other medical professionals.
- **EXPERIENCE OF CARE:** The Right Care, at the Right Time and Place
- **POPULATION HEALTH:** Leveraging VA & DoD Computer Systems to Improve Outcomes
- **PER CAPITA COST:** Cost Synergies from Internal Economies of Scale.

CREATING A LEARNING ORGANIZATION:

An Ongoing Process of Continuous Improvement,
Staff Engagement and Course Adjustment



MHS QUADRUPLE AIM

PATIENT



LEADERSHIP

- Early Establishment Of FHCC Leaders
- Deputy Director On Board Early
- Leadership Training (VA & DoD)
- Co-Location of Direct Reporting w CMD Suite
- Communication (Vertical & Horizontal)
- Executive Steering Committee (ESC)
- FHCC Advisory Board
- Role Definition
- Integration Teams
- Visibility (Town Halls, All Hands)
- Executive Sharing Agreement
- Mission Vision & Values

PATIENT CARE/SERVICES



- Patient Safety #1
- Clinical Service Integration
- Communication to Beneficiaries
- Patient Priority
- Access To Care
- State Of The Art Equipment
- Corpsman Integration / IDC
- Integrated Policies
- Education and Research
- Synergies of Scale
- Product Line Recapture

CULTURE & COMMUNICATIONS



- Establishing Our Brand
 - Logo
 - Promise Kept:

*Readyng Warriors and
Caring for Heroes*

- External Communication
 - Community Events
 - Speaking Engagements
 - Press Releases
 - Social Media



CULTURE & COMMUNICATIONS



- Internal Communication
 - Newsletter
 - Town Halls / Captain's Calls
 - Off-Site Retreats
 - Focus Groups & Surveys (NCOD / NPGS)

Captain James A. Lovell Federal Health Care Center
The APOLLO
Providing Healthcare and Caring for Heroes

Historic VA/DoD integration accomplished

Captain James A. Lovell Federal Health Care Center recently joined the Department of Defense healthcare system, marking the first time the two federal health care systems have been fully integrated.



By Jonathan Friedman
Correspondent, Public Affairs

During a time of a local community in need of more than 1,000 people to comprehend, analyze and implement the VA's 10-year integrated mission, the Lovell Federal Health Care Center (LFC) has joined and will now share the resources of the nation's largest and the Department of Defense's defense centers.

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Major General Jonathan Friedman, Director of the Defense Centers of Excellence (DCoE), and Captain James A. Lovell Federal Health Care Center (LFC) Director, Dr. Michael J. Coughlin, signed the agreement to merge the two facilities into the Department of Defense's Defense Centers of Excellence (DCoE). The LFC will now be part of the DCoE, which is a network of 10 medical centers across the country that provide research, education and training in military medicine and caring for veterans.

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In This Issue...

National Healthcare Food Service Week at Lovell FHC Pg. 1

Lovell FHC Outlines Fall 2010 Flu Shot Schedule Pg. 2

WTFB Patient Remained as first FHC patient Pg. 2

PERSONNEL & LABOR RELATIONS



- Transfer Of Function
- Military / Civilian
- Combining Labor Unions
- Labor Partnership
- Position Descriptions
- Education & Training (LMS/NKO)
- New Organization Structure
- Total Work Force Management



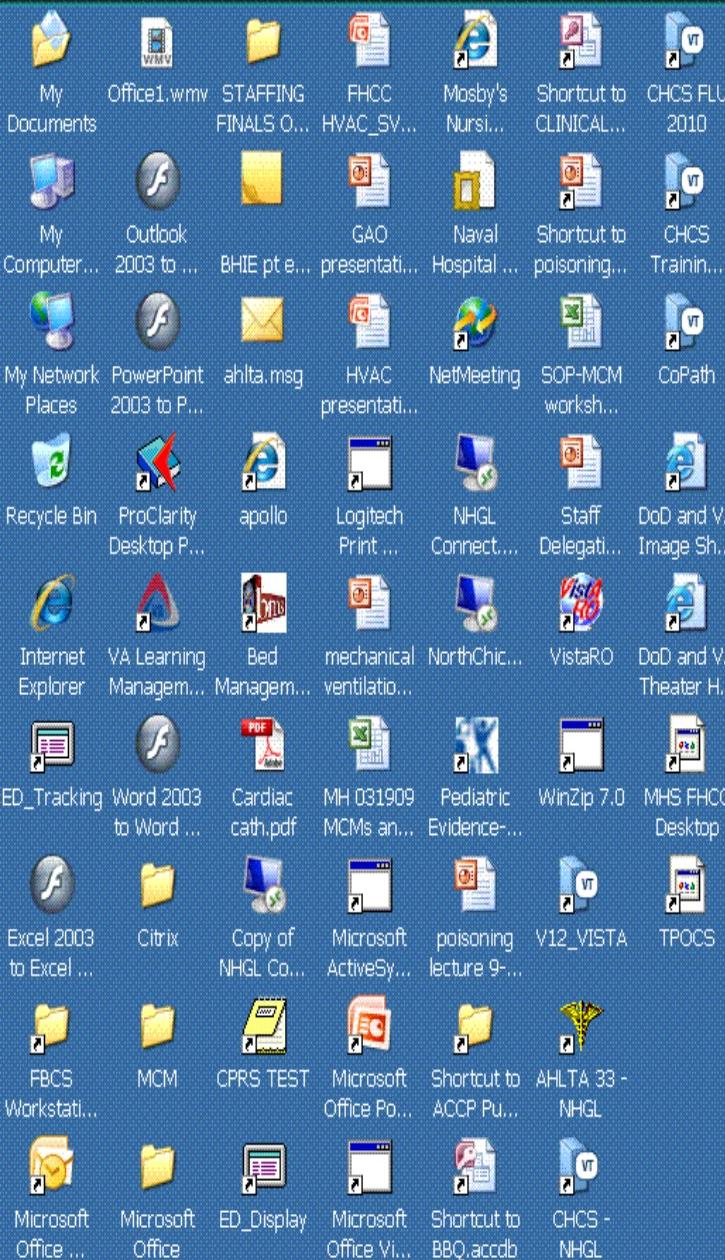
RESOURCES

- Budget - Joint Medical Facility Demonstration Fund (JMFDF)
- Reconciliation
- Continuing Resolution Authority (CRA)
- Supply Chain
- Contract Issues
- Construction

INFORMATION MANAGEMENT INFORMATION TECHNOLOGY



PATIENT



Launchpad CPRS Imed Imaging Vista CHCS AHLTA

Vista CPRS in use by: [REDACTED] (vista.n-chicago.med.va.gov) - [REDACTED]

Patient: [REDACTED] User: [REDACTED]

File Edit View Action Tools Help

133-4DM B120-4B Primary Attendi Flag VistaWeb Remote Data Postings D

Nov 17, 2011 Provider: MALDONADO,FRANK MD

Sort by Status/Exp. Date (IMO first on Inpt)

Action	Inpatient Medications	Stop Date	Status	Location
	*ACETAMINOPHEN TAB Give: 650MG PO Q6H PRN For pain/fever. do NOT exceed 4000mg acetaminophen/24h all sources	02/13/11	Active	
	in SODIUM CHLORIDE 0.9% 1000 ML IV 100 ml/hr@0	01/12/11	Discontinued	

Action	Non-VA Medications	Start Date	Status

Action	Outpatient Medications	Expires	Status	Last Filled	Refill
	MAGNESIUM OXIDE 420MG TAB Qty: 2 for 1 days Sig: TAKE TWO TABLETS BY MOUTH ONCE FOR MAGNESIUM SUPPLEMENT FROM ED PYXIS	02/11/11	Discontinued	Jan 12,11	0
	ACETAMINOPHEN 500MG TAB Qty: 2 for 1 days Sig: TAKE TWO TABLETS BY MOUTH NOW PAIN/FEVER,MAX 4000MG ALL SOURCES ADMINISTERED FROM ED PYXIS	02/11/11	Discontinued	Jan 13,11	0

Cover Sheet Problems Meds Orders Notes Consults Surgery D/C Summ Labs Reports

File Edit View Go Tools Actions Help

Add Details Discontinue Modify Close OE Renew Refresh Options Close

Folder List

- Desktop
- Notifications (2)
 - Appointments
 - Telephone Con...
 - Search
 - New Results (1)
 - Tasking
 - Co-signs
 - Sign Orders
 - Consult Log
 - Patient List
 - CHCS-I
 - EWSR
- Reports
- Tools
- Web Browser
- AHLTA Links
- M...
- Demographics
- Health History
- Problems
- Meds
- Allergy
- Wellness
- Immunizatio...
- Vital Signs
- PKC Couple
- Readiness
- Patient Que...
- DoD/V/A/Th...
- OB Summary
- Lab
- Radiology

Appointments Meds Allergy

Search Filter: Outpatient Curr The medication list should be validated with patients for their safety.

Origin	Medication Name	Sig
DoD	ACETAMINOPHEN, 325 MG, TABLET, ORAL	TAKE 1 TABLET PO EVERY 6 HOU
DoD	Cetylpyridinium Chloride + Benzocaine + Ment	DISSOLVE 1 LOZENGE IN MOUTH
DoD	Phenol 1.4%, Spray, Mouth or throat	SPRAY AS NEEDED FOR SORE T
DoD	Cetirizine Hydrochloride 5mg + Pseudoephedri	T1 TB PO BID PRN ALLERGIES #:
DoD	Carbamide Peroxide 6.5%, Solution, Otic	USE 3 DROPS IN AFFECTED EAR
DoD	NAPROXEN, 500 MG, TABLET, ORAL	TAKE ONE TABLET PO TWICE A
DoD	Etonogestrel 68mg, (Implanon), Implant, Injection	HAVE INSERTED AT BLDG 1523
DoD	IBUPROFEN, 800 MG, TABLET, ORAL	T 1 TAB PO TID PRN FOR PAIN #
DoD	IBUPROFEN, 800 MG, TABLET, ORAL	T 1 TAB PO TID PRN FOR PAIN R
DoD	ASCORBIC ACID, 500 MG, TABLET, ORAL	T1 TAB PO DAILY
DoD	FERROUS SULFATE, 325(65) MG, TABLET, ORAL	TD PO
DoD	Pharmacy Intervention: Miscellaneous Not Specified	NO MEDS/SHIP 5
DoD	FERROUS SULFATE, 325(65) MG, TABLET, C	TAKE 1 TABLET PO DAILY #30 F
DoD	IBUPROFEN, 200 MG, TABLET, ORAL	T 1-2 TABS PO Q4-6H AS NEEDE
DoD	ACETAMINOPHEN, 325 MG, TABLET, ORAL	TAKE 1 TABLET PO EVERY 6 HOU
DoD	BISMUTH SUBSALICYLATE, 262 MG, TAB C	CHEW 2 TABLETS EVERY HOUR
DoD	Guaifenesin/Dextromethorphan Hydrobromide	U UD #1 RFO
DoD	Menthol + Cetylpyridinium Chloride, Lozenge, I	USE AS DIRECTED FOR COUGH
DoD	ACETAMINOPHEN, 325 MG, TABLET, ORAL	TAKE 1-2 TABS EVERY 4-6 HOUR
DoD	BISMUTH SUBSALICYLATE, 262 MG, TAB C	CHEW 2 TABS EVERY 1/2 HOUR
DoD	Menthol + Cetylpyridinium Chloride, Lozenge, I	DISSOLVE 1 TAB IN MOUTH AS N
DoD	CALCIUM CARBONATE/VITAMIN D2, 500 MG-200, T, T1 TB PO BID #60 RFO	
DoD	Penicillin G Benzathine 600000U/mL, Suspens	1.2 MU BY IM #1 RFO

OTC is an over-the-counter

CHCS Connection: Ready

VistA CPRS in use by: [REDACTED] (vista.n-chicago.med.v...)

File Edit View Action Tools Help

133-4DM R120-4E

VistaWeb
Remote Data

Postin
D

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Action | Non-V/A Medications

| Start Date | Status

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Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

chcs - Reflection for UNIX and OpenVMS - Vergence Patient Link 0

File Edit Connection Setup Macro Window Help



AGE ·

1. Z-ETONOGESTREL(IMPLANON) 68MG SUBQ IMPLA HAVE INSERTED AT BLDG 1523
RR: 0 #: 1
 2. CARBAMIDE PEROXIDE 6.5% OTIC DROPS USE 3 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR 3 DAYS RR: 2 #: 15
 3. FERROUS SULFATE (IRON) 325MG TAB TAKE ONE TABLET EVERY DAY BY MOUTH RR: 2 #: 90
 4. NAPROXEN 500MG ORAL TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD RR: 1 #: 30
 5. OYS SHL CALCIUM 500MG + VIT D 200IU TAKE ONE TABLET BY MOUTH TWICE A DAY RR: 2 #: 60
 6. ASCORBIC ACID (VIT C) 500MG ORAL TAB TAKE ONE TABLET BY MOUTH



LESSONS LEARNED

- Maintain Focus On The Vision
- Buy -In From All Levels Of Both Organizations Critical
- Everyone Will Function As “One Team” Focused On the Mission (Healthcare and Readiness).
- Use Lessons Learned From Other VA/DoD Efforts.
- Focus On Collaboration, Not Control
- What Is Crafted For FHCC Should Be Exportable To other VA/DoD Efforts.
- Use System Thinking Not Linear Thinking



LESSONS LEARNED

- Dedicate Resources (Funds / Staff) Early
- Get HQ Engaged Early
- Get Legal Engaged Early
- Remember Murphy's Law
- Expect To Be Under A Microscope
- Mitigate Risks
- Complexity of Legal Process
- Be Willing to Take Risks
- Have A Backup Plan. Be Flexible
- Measures of Success
- Executive Sharing Agreement

2011 Military Health System Conference

QUESTIONS?

Readyng
Warriors
and

The Quadruple Aim: Working Together,

Caring for
Heroes

